



**COLORADO**

Department of  
Regulatory Agencies

Division of Insurance

## COLORADO SURPLUS LINE PREMIUM TAX AND DELINQUENT PAYMENT FILING INSTRUCTIONS

\*The Delinquent Payment Coupon below is only to be used if the State of Colorado Surplus Line staff instructs you to use this coupon. In most instances you will be able to amend the monthly and annual filing in the Surplus Lines Tax System without using the Delinquent Payment Coupon.

If the Annual Report has already been filed via the Surplus Lines Tax System for the year in which the filing is delinquent, please e-mail [Dora\\_coloradoinsurancesurpluslinetax@state.co.us](mailto:Dora_coloradoinsurancesurpluslinetax@state.co.us) and let us know you need the account reset to add a delinquent policy. Please include the producer's name, the license number, and the year to be reset. Once we reset the account, we will send an email notifying the account is ready for your filing.

You will then need to click on the year affected at the bottom of the broker home page. Then click on edit for the month to be amended and add your filings. Now submit any Monthly Report that was just amended. Please remember when filing the monthly report you must go through each step until you have clicked the "Finished" button.

Then re-file the Annual report by clicking on the year at the bottom of the Broker Home Page. When you come to the spot asking for the check number and the amount please only provide the amended premium tax amount that is due. Then follow the prompts until you have clicked "Finished".

**\*The only reason to use the Delinquent Payment Coupon below is if the filing is so old the year to be amended does not show at the bottom of your Broker Home Page.**





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**The only reason to use this Delinquent Payment Coupon is if the filing is so old the year to be amended does not show at the bottom of your Broker Home Page.**

**Delinquent Payment Coupon  
Surplus Lines Late Tax Filing Form**

This page MUST accompany your payment

Payment Due Date: 03/01/20\_\_\_\_\_ Date: \_\_\_\_\_

Calendar/Policy Year: \_\_\_\_\_

Producer (not Agency) Name: \_\_\_\_\_ Producer License #: \_\_\_\_\_

Please email any questions to: [Dora\\_coloradoinsurancesurpluslinetax@state.co.us](mailto:Dora_coloradoinsurancesurpluslinetax@state.co.us)

Approved Non Admitted Company \_\_\_\_\_

Policy # \_\_\_\_\_ Named Insured \_\_\_\_\_

Effective Date \_\_\_\_\_ to \_\_\_\_\_

Policy Premium \$ \_\_\_\_\_

Policy & Inspection Fees +\$ \_\_\_\_\_

Total Taxable Premium \$ \_\_\_\_\_

Tax Due (3% of Total Taxable Premium) \$ \_\_\_\_\_ Check # \_\_\_\_\_

**Note: The Division of Insurance will send you an invoice for the Interest Penalty due pertaining to this tax payment.**

**MAILING INSTRUCTIONS:**

- This completed page must accompany your tax payment
- Please include a copy of the policy declaration page.
- Send your check and this page to the following address below:

**For POSTAL SERVICE**

Colorado Division of Insurance  
P.O. Box 2237  
Englewood, CO 80150-2237

**For COURIER OR EXPRESS SERVICE**

KeyBank Lockbox 2237  
1000 S. McCaslin Blvd, Ste 150  
Superior, CO 80027

FOR LOCKBOX PROCESSOR USE ONLY  
AMOUNT RECEIVED: \_\_\_\_\_  
CHECK NUMBER: \_\_\_\_\_  
DATE RECEIVED: \_\_\_\_\_

Under penalty of perjury, I declare that this statement has been examined by me and to the best of my knowledge is a true, correct and complete statement.

\_\_\_\_\_  
Contact Person (Printed)

\_\_\_\_\_  
Contact Person (Signature)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Contact Person Email Address:

